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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 2946										
In re Application of <b>Gerard M. Cuomo</b>												
Application Number <b>10/629,481</b>		Filed <b>07/29/2003</b>										
For <b>Surgical Microscope Apparatus</b>												
Group Art Unit <b>3632</b>		Examiner <b>Anita M. King</b>										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width:100%"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align:right">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align:right">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align:right">\$ <u>1020.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align:right">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align:right">\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>510.00*</u></p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <span style="float:right">*Fee reduced by \$60 one-month extension paid on 2/28/2005</span></p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>500-246</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>28,184</u></p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>4/26/05</u> Date</div><div style="text-align: center;"> Signature</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>04/29/2005 SHASSEN1 00000017 10629481</div><div>Robert C. Beck</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>02 FC:2253</div><div>450.00 OP</div><div>Typed or printed name</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1020.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											
<input type="checkbox"/> Total of _____ forms are submitted.												